House Health Policy Committee Tuesday September 27, 2005 Testimony prepared by Ann Berry, ATC, Michigan Athletic Training Society

Thank-you Representative Gaffney and the House Health Policy Committee for the opportunity to testify on behalf of HB 4893. I am going to speak today on the impact HB 4893 has on the public harm, the role athletic trainer's play in helping the economy and the shortage of health care providers in Michigan.

As you already know athletic trainers are allied health care providers serving our patients with the education and skills in the areas of:

- Prevention
- Recognition, Evaluation and Assessment
- Immediate Care
- Treatment and Rehabilitation
- Organization and Administration
- Professional Development and Responsibility

Athletic trainer education is a minimum of a bachelors degree, though 72% of the profession has a master's or higher degree, the graduate must sit for a national exam and maintain their certification credential by attending 80 hours of continuing education in a three year cycle.

At this time, there are 10 curriculum programs in the state of Michigan for the profession of athletic training. These universities, under tight economic times, are trying to recruit students into their programs. It is not easy to recruit students when the professional skills they graduate with are more respected in other states with regulation. These students are graduating and having to leave Michigan for secure employment in states with licensure. There are 43 states in the country with regulation, 29 of those are licensed.

On a daily basis, under the direction of a physician, athletic trainers are faced with potentially life threatening, life long debilitating or career ending injuries or conditions. Athletic trainers must maintain our continued educational requirements to stay current with the latest health care treatments. However, 17% of Michigan's certified athletic trainers did not maintain their certification and can continue to work in Michigan. In addition, all of the state's surrounding Michigan have licensure for athletic trainers. Therefore, there is a reporting and legal process for reprimands for such cases as sexual assault and other crimes. However, if an athletic trainer in Ohio has their licensed revoked due to sexual assault, they can move to Michigan and immediately begin providing care to our student-athletes. In sixteen years of experience, not one employer has done a background check on me.

There is an alarming concern from the Michigan Athletic Trainer's Society regarding people who are uneducated calling themselves athletic trainers in high schools, clinics and hospitals. A veterinary technician at a Detroit suburban high school has provided

care to their football and wrestling teams and one of the largest high schools in the state in Ann Arbor employs a man who calls himself an athletic trainer with no educational background in the profession. I bet with 17% of athletic trainers in Michigan not maintaining their CEU's there are several more unqualified athletic trainers working in our great state.

In the last three weeks, I have received six phone calls from employers looking for athletic trainers. Three have been in the high school setting, one was a private college in Detroit wanting the athletic trainer to run their school's wellness program, one was for a Detroit area hospital in their rehabilitation department, and the last was for a position at the Jackson Correctional facility where athletic trainers administer care to injured state employees. All of these positions continue to go unfilled today due to the lack of state regulation and poor employment outlook for athletic trainers in Michigan. Unlike other health care professions, there are athletic trainers available to fill vacant jobs. Michigan just has not recognized the athletic trainer as a highly trained and skilled professional by licensing our profession.

Economically the skills of an athletic trainer are assisting corporations in reducing their employee health care costs. We have unions and corporations constantly arguing about employee health care costs. The Michigan legislature has an opportunity to license athletic trainers and provide a cost savings for corporations who employ athletic trainers. The National Athletic Trainer's Association did a survey to corporate employers employing athletic trainers for on-site rehabilitation, 83% reported at least a 300% return on investment. Half of the companies reported that overall health care costs have dropped by more than 50%. The state's Jackson correctional facility has done a financial forecast of employing athletic trainers at their location and reported over a \$2 million dollar per year cost savings in employee health care costs. Every corporation in Michigan should have the opportunity to employ state regulated athletic trainers to reduce their health care costs.

Opposition to HB 4893 will say "by licensing athletic trainers they risk losing positions in their employment settings." I am here to tell you that nationally there is absolutely no specific evidence to support their argument. In fact, the shortage of health care professionals in the areas of rehabilitation, nursing and medical assistants is at alarming levels and soon Michigan will be facing a health care crisis if these shortages are not addressed.

In other licensed states, athletic trainers have provided an alternative to access to care. They have been employed in hospitals on the orthopedic floors to free up nursing staff, not to replace nursing but to change the skill mix, by providing services such as basic patient assessment, taking and monitoring vital signs and documentation in patient charts. They are employed in physician offices to serve in the role of a physician extender. Lastly, the athletic trainer can fill a void in our citizen's access to rehabilitation due to the shortage of physical therapists, physical therapy assistants and aides. All of these skill sets are within the educational programming of our profession, are under the direction of a physician and certainly within the scope of practice of HB 4893.

I thank-you for the opportunity to testify today and look forward to any questions you may have regarding the profession of athletic training.



Michigan Athletic Trainers Society Talking Points (HB 4893)

PUBLIC HARM

The unregulated practice of the profession can harm or endanger the health, safety, and welfare of the public. Currently uncertified and un-credentialed athletic trainers (ATs) can practice without breaking the law. Licensing the profession would make those individuals subject to legal consequences.

CONFORMITY

Licensure gives the ability to regulate the field. Current education requirements for athletic trainers are certification by the National Athletic Trainer Association (NATA), which requires a limited core curriculum of courses and experience requirements. Licensure would ensure continued education among the professionals in this field, keeping them at the top level of their field.

RETAIN JOBS

ATs help retain jobs in the workplace occupational athletic training programs. By identifying and preventing injuries on the job, they increase productivity for the company by decreasing number of days missed due to injuries. Usage of ATs also helps reduce the severity and frequency of workman's compensation cases.

RESULTS BASED INVESTMENT

> 83% reported at least a 300% return on investment. When ATs are used for onsite rehabilitation, half the companies reported that overall health care costs have dropped by more than 50%. No adverse financial impact has been documented to any other medical profession or specialty be regulating professional athletic training.

SELF SUSTAINING PROGRAM

The licensure program for Athletic Trainers will be self-sufficient. ATs will save money for the state and its privately owned businesses in prevention, care, and rehabilitation of athletic injuries.

Michigan Athletic Trainer's Society, Inc.

Guidelines and Criteria for Licensure of the Profession of Athletic Training

A Comprehensive Proposal Designed to Demonstrate the Need to License Athletic Trainer's in Michigan.

General Information

On behalf of the Michigan Athletic Trainer's Society, Inc., the profession of athletic training is seeking Licensure in the State of Michigan. Since the early 1970's the Michigan Athletic Trainer's Society has represented the profession of athletic training in Michigan. No other professional organization represents the profession of athletic training in Michigan. The Michigan Athletic Trainers' Society stands alone and is not a subspecialty within a board or occupation. The Michigan Athletic Trainer's Society is affiliated nationally with the National Athletic Trainer's Association.

There are 1100 Certified Athletic Trainer's practicing in Michigan. One hundred percent are members of the Michigan Athletic Trainer's Society. All 1300 Certified Athletic Trainers meet the proposed new regulation criteria. Individuals practicing as athletic trainers with no educational background or NATA Board of Certification would not meet this criteria. It is estimated this number, though small, exponentially increases the risk of public harm and the need for Licensure of the profession of athletic training in Michigan.

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In 1994, the Michigan Athletic Trainers' Society cast a vote to their membership asking if they support state regulation of the profession of athletic training. With unanimous support, MATS began the pursuit of Licensure. For ten years this support has remained steadfast from the membership and the organization has invested over \$125,000 of member dollars towards the Licensure efforts. In addition, forty-three states regulate the profession of athletic training.

Criterion One: Risk of Harm to the Consumer

Athletic trainers are highly trained and educated and recognized by the American Medical Association as allied health care providers. They specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses that occur to those engaged in physical activities. Athletic trainers are employed to help active people prevent injuries and stay healthy. Members of the Michigan Athletic Trainer's Society are employed in secondary schools, college and universities, professional sports, hospitals and clinics, the military and in the industrial and commercial settings.

Athletic Trainers specialize in six practice areas or domains:

- Prevention
- Recognition, evaluation and assessment
- Immediate care
- Treatment, rehabilitation and reconditioning
- Organization and administration
- Professional development and responsibility

Whether it is an athlete of any age or an industrial worker performing physical tasks or even an average citizen delving into recreational athletics, the athletic trainer's day may include:

- Preparing an athlete for practice or competition, including taping, bandaging and bracing
- Evaluating injuries or illnesses to determine their management, possible referral and return to activity
- Develop conditioning programs
- Implement treatment and rehabilitation programs

As part of a complete health care team, the athletic trainer works under the direction of a licensed physician and in cooperation with other health care professionals, administrators and supervisors, coaches and parents to provide quality health care services.

The athletic trainer provides health care services to the general public and athletic populations with direct personal interaction. This interaction usually occurs daily and is consistent with the physical, emotional, social or financial needs of the patient or athlete.

Due to the profession of athletic training being unregulated in Michigan, it is difficult to sight specific cases of harm to the general public by those unqualified to provide athletic training services. However a specific example of harm occurred in 1997 at Wayne Memorial High School in Wayne Michigan. The school sought the services of a Certified Athletic Trainer to cover home football contests. While covering an event, the Certified Athletic Trainer was introduced to a Veterinary Technician that worked with the school's wrestling program providing athletic training services but was not available to work football. While on the sideline with the Certified Athletic Trainer, the Veterinary Technician advised a JV football player, who had been diagnosed with a complete tear of his anterior cruciate ligament by an orthopedic physician at University of Michigan's Medsport facility, to not undergo ACL knee reconstruction because she has "seen it done on several dogs with poor success." The football

player, also a wrestler, became very distraught and concerned about his upcoming surgery due to this untrained individual with an established relationship as an "athletic trainer" giving their "professional" recommendation. The Certified Athletic Trainer had to intervene and consult with the athlete, his parents and notify the physician of the athlete's concerns. For many years, in addition to the Veterinary Technician, the Michigan Athletic Trainer's Society has been informed of Funeral Home Directors, Chiropractors, Equipment Managers and Physical Therapists fraudulently promoting themselves as athletic trainers to secondary schools, educational programs and employers.

It is this type of uneducated and untrained care being given by those who are fraudulently calling themselves athletic trainers that can cause physical harm, impact a potential scholarship or employment opportunity and/or cause undue emotional distress. In addition, these uneducated individuals are holding themselves out as qualified allied health care providers thus creating potential liability for their employers.

The citizens of Michigan are seeking greater accountability of athletic trainers in Michigan. They have shown previous support for state regulation of athletic training by writing letters, calling their state legislators and signing petitions. By remaining unregulated, the profession of athletic training will lack professional credibility within healthcare, create potential harm for those seeking athletic trainer services and enhance liability for employers.

Criterion Two: Specialized Skills and Training

Certified Athletic Trainers must earn a bachelor's degree from an accredited College or University. The accreditation is through the Commission on Accreditation of Allied Health Education Programs. Accredited entry-level education programs include formal instruction in a variety of areas, such as: Injury/Illness Prevention, Emergency Care, Assessment of Injury/Illness, Human Anatomy and Physiology, Therapeutic Modalities and Nutrition. In addition, more than 70 percent of Certified Athletic Trainers hold advanced degrees. In Michigan, Central Michigan University, Grand Valley State University, Eastern Michigan University, Hope College, Lake Superior State University, Northern Michigan University, Saginaw Valley University and University of Michigan all have entry-level accredited programs. Western Michigan University has a graduate level accredited program.

After graduating from an entry-level or graduate level accredited program, a student must sit for the National Athletic Trainers' Association Board of Certification exam. The exam includes three sections: written, written simulation and practical. Those who pass the exam must maintain their certification by meeting continuing education requirements. Continuing education requirements include: completion and reporting of a predetermined number of continuing education units, including recertification in CPR and Automatic External Defibrillators and adherence to NATABOC Standards of Professional Practice. By maintaining their continuing education requirements, Certified Athletic Trainers obtain current professional development, explore new knowledge in specific content areas and conduct professional practice in an ethical and appropriate manner.

The National Athletic Trainers' Association is investigating specialty certifications in a variety of employment settings. Due to the ongoing investigation, the Michigan Athletic Trainer's Society in unable to determine if regulation of specialty certifications is necessary.

Criterion Three: Autonomous Practice

The Certified Athletic Trainer works under the direction of a licensed allopathic or osteopathic physician. The Certified Athletic Trainer most often works without direct supervision and is either working under a standing order or prescription from a physician.

The Certified Athletic Trainer is responsible for evaluating and assessing injury and illnesses. Based on the outcome, they will design, implement and supervise a plan of treatment. The methods of treatment, if not applied appropriately, can be dangerous to the patient. An example is, a Certified Athletic Trainer has specialized skills in applying a cervical collar to an injured football player dressed in full pads. The collar not applied correctly and not having the knowledge of the biomechanics associated with the football pads to the cervical area, could be catastrophic to the athlete. In addition the Certified Athletic Trainer does work with physical modalities that involve massage, mobilization, heat, cold, air, light water, sound and electricity again, not applied correctly could cause harm to the patient.

Since the Certified Athletic Trainer is rarely under supervision of a physician, the legally accountable or liable parties are the Certified Athletic Trainer, their employer and/or the physician writing the standing orders or prescription. The standing orders are contained in the facility's policy and procedure manual and signed by the directing physician. Therefore, the supervision is most often general and seldom on the premises. The parameters of the standing orders vary per directing physician. Standing orders typically adhere to the Professional Practice Guidelines set forth by the NATABOC.

The Michigan Athletic Trainers Association, the National Athletic Trainers' Association and the National Athletic Trainers' Association Board of Certification are the only governing bodies overseeing the profession of athletic training.

A typical work setting for a Certified Athletic Trainer includes professional interaction with several other allied health professionals. This includes, but is not limited to, physicians, physician assistants, nurses, radiologists, physical and occupational therapists, nutritionists and exercise physiologists. The referral mechanism from a physician to a Certified Athletic Trainer would be similar to that of a physical or occupational therapist or physician specialist. A prescription with a diagnosis and suggested plan of care would be ordered by the physician. The Certified Athletic Trainer would evaluate the patient, determine an appropriate plan of care and communicate the treatment in writing to the referring physician. The basis of a referral to a Certified Athletic Trainer is determined by the physician taking into account the scope of practice and the medical services a Certified Athletic Trainer can provide to the patient. The Certified Athletic Trainer specifically works with patients of all age levels that are physically active.

Criterion Four: Distinguishable Scope of Practice

The Certified Athletic Trainer's profession is most similar to that of the physician assistant. However the Certified Athletic Trainer's scope of practice does cross over into other regulated allied health care professions such as the physical and occupational therapist, emergency medical technician and nurse. Functions of the Certified Athletic Trainer that are distinguishable between other allied health professions are that of prevention of injury and illness, conditioning and rehabilitation of the elite and industrial athlete and emergency care associated with the injured athlete. No other allied health care profession is as educated and trained in these specific areas as the Certified Athletic Trainer.

No financial impact to other allied health professions has been documented by regulating the profession of athletic training in the other forty-three states. In addition, there has been no

adverse documented cases effecting the scope of practice, marketability or economic status of the other allied health professions with similar functions of the Certified Athletic Trainer.

Criterion Five: Economic Impact

Based on a 2000 National Athletic Trainers' Association Salary survey, the average salary for a Certified Athletic Trainer in District Four, this includes Michigan, Ohio, Indiana, Illinois, Wisconsin and Minnesota, the average annual salary is \$46,578.00. The Michigan Athletic Trainer's Society feels this data is accurate and reflective of the Certified Athletic Trainer salaries in Michigan across all employment settings. The national average is \$45,305.00.

Annual fees associated with the profession of athletic training include \$135.00 for NATA certified membership, \$80.00 for NATA certified and non-certified student membership, \$185.00 for NATA international certified membership and \$170.00 for NATA international non-certified membership. In addition there is a District dues that includes your Michigan Athletic Trainer's Society membership of \$55.00 for certified membership and \$15.00 for student membership. In summary, for a Certified Athletic Trainer to maintain NATA, District and State membership they must pay a \$190.00 annual fee. The costs for state regulation have been conveyed to the Michigan Athletic Trainer's Society members with no adverse feedback. Our members are fully aware that to maintain continuing competence and professional credibility they must bear the costs of continuing education, membership dues and state regulation fees.

There is no documented data that fees or salaries have increased or decreased for athletic training services in regulated states. The Michigan Athletic Trainer's Society does not anticipate any changes to fees or salaries for athletic training services by licensing our profession in Michigan. In addition, there has been no documented impact on other allied health professions in restricting services or increasing or decreasing fees or salaries. The fees for athletic training services would be equal to fees associated with other health care professionals providing the same service. The consumer of such services would have the choice to either obtain services from a licensed athletic trainer or other health care professional. Therefore, health care expenses would not increase or decrease the consumer would have more choices for quality care. Third-party payers are not currently reimbursing for athletic training services provided in Michigan. However, some of the insurance carriers in Michigan are reimbursing for athletic training services provided in other regulated states. The pursuit of third-party reimbursement is up to the athletic trainer and their employer. At this time, the Michigan Athletic Trainer's Association only serves as a conduit of information to our members in their interest of obtaining third-party reimbursement.

The employment outlook for athletic trainers in Michigan has remained steady. The Michigan Athletic Trainer's Society has not done any official employment studies. However, nationally the profession is seeing gains in the clinical, industrial, military and secondary school employment settings.

The proposed licensure will impact the public's interaction with athletic trainers by ensuring they are being treated by a highly trained, skilled and educated allied health care professional. In addition, the athletic trainer will be held to ethical standards and liability while maintaining continuing education requirements and professional standards of practice. The licensure would not increase the number of practicing Certified Athletic Trainers. It would eliminate those calling themselves athletic trainers and misleading the general public in their health care. The Michigan Athletic Trainer's Society does not know the exact number of those misleading the general public in Michigan. It is our intention to eliminate them from the work

force and to ensure the safety and well-being of the citizens of Michigan when receiving services provided by a licensed athletic trainer.

Criterion Six: Alternative to State Regulation

The Michigan Athletic Trainer's Society is not aware of any laws or regulations that govern the profession of athletic training in Michigan. Occupational standards should be established in the employment settings for athletic trainers. However, it is common for the employer to have a vague understanding of the profession of athletic training and encourage services outside our scope of practice such as the application of sutures to an open incision.

The current nongovernmental credentialing program for the profession of athletic training is the National Athletic Trainers' Association and the National Athletic Trainers' Association Board of Certification. Those athletic trainers who are members of the NATA must adhere to a code of ethics. An athletic trainer does not have to be a member of the NATA. Therefore, those individuals holding themselves out as athletic trainers in Michigan do not have to adhere to any code of ethics. A NATA member or non-member can report any ethics violations of a NATA member to the NATA Executive Director or Chair of the Ethics Committee. An investigative process is then followed by the NATA ethics committee and a determination if the individual shall receive sanctions such as: denial of eligibility, cancellation of membership, non-renewal of membership, suspension of membership and/or private reprimand. Again, this is based on NATA membership only. There are no specific legal offenses, ethical violations or violations of standards of practice that prohibit athletic trainers from providing services in Michigan. In addition there are no means to protect the consumer from negligence or incompetence from athletic trainer's in Michigan.

Criterion Seven: Applicable State and National Standards

To identify entry level competencies please see the attached NATABOC, Role Delineation Study, Fourth Edition. There are numerous states licensing athletic trainers. Please see the attached Wisconsin licensing law for athletic trainers as an example. The NATABOC hosts their certification exam several times throughout the year nationally including at Michigan exam sites. The exams are psychometrically sound. Forty-three other states regulate the profession of athletic training. See the attached list from the NATA. No states have deregulated the profession.